POS1238

ANTIPHOSPHOLIPID ANTIBODIES AND COVID-19: TREND OVER TIME

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Background: Since the beginning of the SARS-CoV-2 outbreak, antiphospholipid antibodies (aPL), a known thrombotic risk factor, have been studied in COVID-19 patients, in whom thromboembolic events have been associated with poor prognosis. To date, the pathogenetic role of aPL and the trend over time is still unknown.

Objectives: Aim of the study was to investigate whether aPL positivity was correlated with thrombosis in COVID-19 patients and whether it was a transient or persistent.

Methods: We included all consecutive COVID-19 patients hospitalized at Policlinico Umberto I, Sapienza University of Rome from April 1, 2020 to June 7, 2020. In these patients, serum levels of anti-cardiolipin (aCL) IgM, IgG, IgA, anti-β2glycoprotein I (aβ2GPI) IgM, IgG were measured by enzyme-linked immunosorbent assay (ELISA) and Lupus Anticoagulant (LA) was detected with coagulatory tests in patients not in treatment with anticoagulant drugs.

Results: Five out of 73 (6.8%) patients resulted positive for aCL IgM, 3 of them also tested positive for aβ2GPI IgM. aCL IgA were tested positive in 14 out of 46 patients (30.4%). Overall 18 patients resulted positive for at least one test. Seven (9.6%) patients developed thrombotic events during hospitalization, 3 of them resulting positive for aPL (Table 1. below).

We observed that patients showing double positivity for aCL IgM and aβ2GPI IgM had a likelihood positive ratio of 6.3 for thrombotic events ($p=0.012$) and a likelihood positive ratio of 4.9 for increased D-dimer levels ($p=0.027$). aCL IgA, the most prevalent aPL in this cohort, was not associated with thrombosis. Of the 18 aPL positive patients, 5 died, 3 were lost to follow-up, and 10 were tested on a second occasion at least 12 weeks, two patients confirmed positivity without clinical signs suggestive of APS.

Conclusion: These results suggest that double positivity for aCL and aβ2GPI IgM increases the risk of thrombosis in COVID-19 patients, unlike aCL IgA. APL positivity may be persistent and it is advisable to monitor it over time.

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POSITIVE IMPACT OF THE FIRST LOCKDOWN IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATISM

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Background: Since the beginning of 2020, the COVID-19 pandemic has caused a considerable amount of fear, worry and concern in the general population and among certain groups such as the elderly, healthcare providers and people with pre-existing conditions in particular. Our patients suffering from chronic inflammatory rheumatism (CIR), a group of autoimmune pathologies treated by immunosuppressant medication, are particularly concerned. Actions taken – particularly quarantine and its effects on the normal activities, habits or livelihoods of many people – also have a significant impact. There is little information on the impact of the lockdown in patients with CIR with data measured prospectively, in a standardized way, before and during the first lockdown period.

Objectives: The objective of this ancillary study was to evaluate the psychological impact of the first lockdown period (anxiety, depression, sleep disorders, catastrophizing...) as well as the evolution of disease activity in patients suffering from CIR.

Methods: At two French university hospitals, adult patients with rheumatoid arthritis (RA) according to the ACR-EULAR 2010 criteria, spondyloarthritis (SpA) fulfilling the ASAS 2009 criteria and psoriatic arthritis (PsA) according to the Caspar 2006 criteria were consecutively included in the Catastrophism in Chronic Inflammatory Rheumatism (CRIC) study from September 2019. Sociodemographic data, information on the disease and its treatments were collected as well as questionnaires on disease activity (DAS28, CDAI, BASDAI), function (HAQ), quality of life (SF12, EQ5D), anxiety and depression (HADS, GAD7), insomnia (ISI) and catastrophizing scores (PCS). These data were collected prospectively at baseline, 3, 6 and 12 months.

In this ancillary study, data from patients with an assessment before and during lockdown were analyzed. Statistical analyses were descriptive with a paired Student's T-test.

Results: In all, 140 patients (49 RA, 69 SpA and 22 PsA) were evaluated before and during lockdown. The median age was 53.5 [44-63] years and 60.7% were women; 74 patients (53.2%) were professionally active and 102

Table 1. Clinical and demographic features of the 7 Covid-19 patients that presented thrombotic events

Features	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Age - yr	67	78	83	43	70	74	95
Sex	female	female	female	male	male	female	male
Medical History	Malignancy, Hypertension	Stroke	Chronic obstructive pulmonary disease	No medical history	Chronic obstructive pulmonary disease, Hypertension	Malignancy,	Hypertension
Initial findings							
Signs and symptoms	Dyspnea	Dyspnea	Dyspnea	Fever, ageusia/ anosmia, chest pain	Fever, cough	Dyspnea	Dyspnea
HRCT chest: Bilateral	yes	yes	yes	yes	yes	yes	yes
ground glass opacity							
Baseline laboratory values							
Lymphocyte count, cells x 10 ⁹ /L	220	210	2330	1580	1680	600	1390
Lactate	223	321	199	227	226	349	199
dehydrogenase, U/L							
Ferritin mcg/L	614	317	213	387	462	2455	197
D-dimer mcg/L	730	1213	2912	282	688	1298	1097
PaO ₂ :FIO ₂ , mm Hg	132	120	442	534	348	493	314
Anticoagulant therapy at the time of the thrombotic event	Therapeutic dosage	Prophylactic dosage	Prophylactic dosage	Not administered	Therapeutic dosage	Therapeutic dosage	Therapeutic dosage
Thrombotic events	Stroke	Pulmonary embolism	Peripheral venous thrombosis	Myocardial infarction	Pulmonary embolism	Myocardial infarction, peripheral arterial thrombosis, peripheral venous thrombosis	Peripheral venous thrombosis
Antiphospholipid antibodies	negative	Anti-cardiolipin IgM low title, anti-β2glycoprotein I IgM low title	negative	negative	negative	Anti-cardiolipin IgM low title, anti-β2glycoprotein I IgM low title	Anti-cardiolipin IgA low title
Outcome	Exitus NP	Exitus NP	Suicide NP	Discharged NP	Discharged NP	Discharged Negative	Exitus NP
Antiphospholipid antibodies tested after at least 12 weeks							